STATE OF MARYLAND DIVISION OF VITAL RECORDS REISTERTOWN ROAD PLAZA 6550 REISTERSTOWN ROAD BALTIMORE, MARYLAND 21215 1-800-832-3277

Send check or money order payable to:

DIVISION OF VITAL RECORDS

APPLICATION FOR A COPY OF A DEATH CERTIFICATE

	Date:		
the fee is not returned, and When applying by mail, ple STAMPS. We do not issu	d a Certificate of No ease enclose a self- e records prior to 19 l purposes, please c	ach certificate requested. If th Record will be issued. You m addressed, stamped envelope 869 for genealogical purposes ontact the Maryland Hall of Re	nay apply in person or by mail. DO NOT SEND CASH or If you desire a death
Name of Deceased:			
	(First)	(Middle)	(Last)
Date of Death:			
	(Month)	(Day)	(Year)
Place of Death regardless of residence:			
or residence:	(Town)	(County)	
Reason for request:			
Your relation to deceased:			
IMPORTANT: PLEASE IN	DICATE BELOW TH	HE NUMBER OF COPIES RE	QUESTED.
CERTIFIED PHO	<u>rocopy</u>		
APPLICANTS Name (Print):		
APPLICANTS SIGNATURE	E:		
MAILING ADDRESS:			
CITY, STATE, ZIP CODE:			
TELEPHONE:			